



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: January 1, 2018 Ending Date: March 16, 2018

Type of Report: (Check one)  
☒ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

ROBERT EDGAR GREENEY  
 Candidate Full Name (if applicable)  
SELECT BOARD  
 Office Sought and District  
76 McClellan St. Amherst, MA 01002  
 Residential Address  
 E-mail: bobgreeney@gmail.com  
 Phone # (optional): \_\_\_\_\_

Committee to Elect Robert Greeney  
 Committee Name  
LENORE DEBBI FRIEDLANDER  
 Name of Committee Treasurer  
76 McClellan St. Amherst, MA 01002  
 Committee Mailing Address  
 E-mail: bobgreeney@gmail.com  
 Phone # (optional): \_\_\_\_\_

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>00</u>
Line 2: Total receipts this period (page 3, line 11)	<u>108.91</u>
Line 3: Subtotal (line 1 plus line 2)	<u>108.91</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>108.91</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>NO BANK</u>

**Affidavit of Committee Treasurer:**  
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  
 Signed under the penalties of perjury: Lenore Debbi Friedlander (Treasurer's signature) Date: 3/15/18

**FOR CANDIDATE FILINGS ONLY:** Affidavit of Candidate: (check 1 box only)

☐ **Candidate with Committee and no activity independent of the committee**  
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ **Candidate without Committee OR Candidate with independent activity filing separate report**  
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: \_\_\_\_\_ (Candidate's signature) Date: \_\_\_\_\_



## SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2/10/2018	ROBERT GREENEY 76 McClellan ST. AMHERST	108.91	

Line 9: Total Receipts over \$50 (or listed above) 108.91

Line 10: Total Receipts \$50 and under\* (not listed above) 0

Line 11: TOTAL RECEIPTS IN THE PERIOD 108.91

← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

**SCHEDULE A: RECEIPTS (continued)**[illegible]

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under\* (not listed above)

**Line 11: TOTAL RECEIPTS IN THE PERIOD**

108.91

← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.



## SCHEDULE B: EXPENDITURES

*M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.*

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
2/10/2018	AMHERST COPY & DESIGNWORKS	37 E PLEASANT ST AMHERST MA 01002	Printing	108.91
			Line 12: Total Expenditures over \$50 (or listed above)	108.91
			Line 13: Total Expenditures \$50 and under* (not listed above)	0
Enter on page 1, line 4 →			Line 14: TOTAL EXPENDITURES IN THE PERIOD	108.91

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.



**SCHEDULE B: EXPENDITURES (continued)**[illegible]

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

[illegible]

\* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.



## SCHEDULE D: LIABILITIES

*M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.*

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	0



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date: Jan 1, 2018

Ending Date: Feb 15, 2018

Type of Report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end report ☒ dissolution

Jennifer Page

Candidate Full Name (if applicable)

School Committee

Office Sought and District

291 Potwine Ln, Amherst, MA 01002

Residential Address

E-mail:

Phone # (optional):

Jennifer Page Committee

Committee Name

Shing-fa Shiao

Name of Committee Treasurer

24 Potwine Ln, Amherst, MA 01002

Committee Mailing Address

E-mail:

Phone # (optional):

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	25.14
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	25.14
Line 4: Total expenditures this period (page 5, line 14)	25.14
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	Florence Bank

### Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Treasurer's signature)

Date: 2/12/18

### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

#### Candidate with Committee and no activity independent of the committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

#### Candidate without Committee OR Candidate with independent activity filing separate report

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Candidate's signature)

Date: 2/15/18





Commonwealth  
of Massachusetts

File with: City or Town Clerk or Election Commission

**Form CPF M 102A: Amendment to Campaign Finance Report**  
**Municipal Form**  
**Office of Campaign and Political Finance**

RECORDED  
MAR 14 10 AM '18  
ELECTORAL

**Report Being Amended:** Year: 2017 Reporting Period: Beginning Date: Apr 18, 2017 Ending Date: Dec 31, 2017

☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☒ year-end report ☐ dissolution

Jennifer S. Page  
Candidate Full Name (if applicable)  
291 Potwine Ln, Amherst, MA 01002  
Residential Address  
School Committee  
Office Sought and District  
E-mail: \_\_\_\_\_  
Phone # (optional): \_\_\_\_\_

Jennifer Page Committee  
Committee Name  
Shing-fa Shiao  
Name of Committee Treasurer  
24 Potwine Ln, Amherst, MA 01002  
Committee Mailing Address  
E-mail: \_\_\_\_\_  
Phone # (optional): \_\_\_\_\_

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending Balance from previous report	259.03
Line 2: Total receipts this period	0
Line 3: Subtotal	259.03
Line 4: Total expenditures this period	233.89
Line 5: Ending Balance	25.14
Line 6: Total in-kind contributions this period	0
Line 7: Total (all) outstanding liabilities	0
Line 8: Name of bank(s) used: Florence Bank	

The original filing of the above-referenced campaign finance report is being amended for the following reason(s):

*Ending balance from previous report was incorrect.*

Signed under the penalties of perjury:

*Jennifer Page*  
(Candidate's signature)

Date: 2/12/18

Signed under the penalties of perjury:

*Shing-fa Shiao*  
(Treasurer's signature)

Date: 2/18/18



Commonwealth  
of Massachusetts

File with: City or Town Clerk or Election Commission

**Form CPF M 102A: Amendment to Campaign Finance Report**  
**Municipal Form**  
**Office of Campaign and Political Finance**

RECORDED  
MAR 14 10 40 AM '17  
OFFICE OF CAMPAIGN AND POLITICAL FINANCE

**Report Being Amended:** Year: 2017 Reporting Period: Beginning Date: Jan 1, 2017 Ending Date: Mar 10, 2017

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Jennifer S. Page

Candidate Full Name (if applicable)

291 Potwine Ln, Amherst, MA 01002

Residential Address

School Committee

Office Sought and District

E-mail: jenniferpageamherst@gmail.com

Phone # (optional): 413-654-0635

Jennifer Page Committee

Committee Name

Bonnie MacCracken

Name of Committee Treasurer

8 Chadwick Ct, Amherst, MA 01002

Committee Mailing Address

E-mail:

Phone # (optional):

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period	4,436.7
Line 3: Subtotal	4,436.7
Line 4: Total expenditures this period	1,235.72
Line 5: Ending Balance	3,300.98
Line 6: Total in-kind contributions this period	456.98
Line 7: Total (all) outstanding liabilities	0
Line 8: Name of bank(s) used:	Florence Bank

The original filing of the above-referenced campaign finance report is being amended for the following reason(s):

Receipts were over-stated by \$227.57.  
Expenses were under-stated by \$4.59.

Signed under the penalties of perjury:

Signed under the penalties of perjury:

Jennifer Page  
(Candidate's signature)

Date: 2/12/18

Bonnie MacCracken  
(Treasurer's signature)

Date: 2/12/18





Commonwealth  
of Massachusetts

File with: City or Town Clerk or Election Commission

Form CPF M 102A: Amendment to Campaign Finance Report  
Municipal Form  
Office of Campaign and Political Finance

MAR 14 '18 AM 8:43  
REC'D AMHERST TOWN CLERK

Report Being Amended: Year: 2017 Reporting Period: Beginning Date: Mar 1, 2017 Ending Date: Apr 17, 2017

☐ 8th day preceding preliminary ☐ 8th day preceding election ☒ 30 day after election ☐ year-end report ☐ dissolution

Jennifer S. Page

Candidate Full Name (if applicable)

291 Potwine Ln, Amherst, MA 01002

Residential Address

School Committee

Office Sought and District

E-mail: jenniferpageamherst@gmail.com

Phone # (optional): 413-654-0635

Jennifer Page Committee

Committee Name

Shing-fa Shiao

Name of Committee Treasurer

24 Potwine Ln, Amherst, MA 01002

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	3,300.98
Line 2: Total receipts this period	782.99
Line 3: Subtotal	4,083.97
Line 4: Total expenditures this period	3,824.94
Line 5: Ending Balance	259.03
Line 6: Total in-kind contributions this period	342.61
Line 7: Total (all) outstanding liabilities	149.77
Line 8: Name of bank(s) used: <u>Florence Bank</u>	

The original filing of the above-referenced campaign finance report is being amended for the following reason(s):

Receipts were over-stated by \$7.01.  
Expenses were over-stated by \$38.29.

Signed under the penalties of perjury:

Jennifer Page  
(Candidate's signature)

Date: 2/12/18

Signed under the penalties of perjury:

Shing-fa Shiao  
(Treasurer's signature)

Date: 2/12/18

## SCHEDULE A: RECEIPTS

*M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.*

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

[illegible]

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under\* (not listed above)

**Line 11: TOTAL RECEIPTS IN THE PERIOD**

← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.



**SCHEDULE A: RECEIPTS (continued)**[illegible]

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under\* (not listed above)

**Line 11: TOTAL RECEIPTS IN THE PERIOD**

← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## SCHEDULE B: EXPENDITURES

*M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.*

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	Crocker Farm Parent Guardian Organization	280 West St, Amherst, MA 01002	Donation to 501(c)(3) to close acct.	25.14
			Line 12: Total Expenditures over \$50 (or listed above)	25.14
			Line 13: Total Expenditures \$50 and under* (not listed above)	
			<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>	25.14

Enter on page 1, line 4 →

\* If you have itemized expenditures of \$50 or less, include them here.

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.



**SCHEDULE B: EXPENDITURES (continued)**[illegible]

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-Kind Contributions over \$50 (or listed above)				
Line 16: In-Kind Contributions \$50 & under (not listed above)				
<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				0

Enter on page 1, line 6 →

\* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.



## SCHEDULE D: LIABILITIES

*M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.*

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	0